

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

ADDRESS (number and street) ▼

224 2ND STREET SE

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00367177

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2015

through

M M M / D D D / Y Y Y Y Y Y
06 30 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Neil Reiff

Signature of Treasurer

Neil Reiff

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 16 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		-38.79
(b) Cash on Hand at Beginning of Reporting Period.....	-38.79	
(c) Total Receipts (from Line 19)	62630.14	62630.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	62591.35	62591.35
7. Total Disbursements (from Line 31)	23964.17	23964.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38627.18	38627.18
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
01 01 2015

To:

M M / D D / Y Y Y Y Y Y
06 30 2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

62500.00

62500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

62500.00

62500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

62500.00

62500.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

130.14

130.14

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

62630.14

62630.14

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

62630.14

62630.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	464.17	464.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	464.17	464.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	16000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	7500.00	7500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	7500.00	7500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23964.17	23964.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23964.17	23964.17

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	62500.00	62500.00
34. Total Contribution Refunds (from Line 28(d))	7500.00	7500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	55000.00	55000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	464.17	464.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	130.14	130.14
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	334.03	334.03

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

Full Name (Last, First, Middle Initial)

A. Gila River Indian Community

Mailing Address PO Box 2160

City

Sacaton

State

AZ

Zip Code

85247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2015

Transaction ID : SA11AI.5709

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Mohegan Tribe of Connecticut

Mailing Address 5 Crow Hill Road

City

Uncasville

State

CT

Zip Code

06382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2015

Transaction ID : SA11AI.5708

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pechanga Band of Luiseno Indians

Mailing Address PO Box 1477

City

Temecula

State

CA

Zip Code

92593

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2015

Transaction ID : SA11AI.5710

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

Full Name (Last, First, Middle Initial)

A. Poarch Band of Creek Indians

Mailing Address 5811 Jack Springs Road

City State Zip Code
 Atmore AL 36502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 26 2015

Transaction ID : SA11AI.5689

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. San Manuel Tribal Administration

Mailing Address 26524 Indian Road

City State Zip Code
 Highland CA 92346

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 27 2015

Transaction ID : SA11AI.5691

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Seminole Tribe of Florida

Mailing Address 6300 Stirling Road

City State Zip Code
 Hollywood FL 33024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 14 2015

Transaction ID : SA11AI.5713

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

Full Name (Last, First, Middle Initial)

A. Seminole Tribe of Florida

Mailing Address 6300 Stirling Road

City
Hollywood

State Zip Code
FL 33024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2015

Transaction ID : SA11AI.5714

Amount of Each Receipt this Period

7500.00

Full Name (Last, First, Middle Initial)

B. Seneca National of Indians

Mailing Address 90 Ohiyo Way

City
Salamanca

State Zip Code
NY 14779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : SA11AI.5711

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Shakopee Mdewakanton Sioux

Mailing Address 2330 Sioux Trail NW

City
Prior Lake

State Zip Code
MN 55372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2015

Transaction ID : SA11AI.5718

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

17500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

Full Name (Last, First, Middle Initial)

A. Sycuan Band of Kumeyaay Nation

Mailing Address 5459 Dehesa Road

City State Zip Code
El Cajon CA 92019

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 10 2015

Transaction ID : SA11AI.5688

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. The Chickasaw Nation

Mailing Address PO Box 1548

City State Zip Code
Ada OK 74821

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 10 2015

Transaction ID : SA11AI.5687

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Yocha Dehe Wintun Nation

Mailing Address 18960 County Road 75A

City State Zip Code
Brooks CA 95606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 19 2015

Transaction ID : SA11AI.5717

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15000.00

62500.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

The image shows three 16-pin D-sub connectors. The first connector is labeled '06' and has two pins labeled 'M'. The second connector is labeled '11' and has two pins labeled 'D'. The third connector is labeled '2015' and has four pins labeled 'Y'.

72.49

Category/
TypeCategory/
Type

State: District:

Category	Percentage
Percentage of people who do not use a mobile phone	72.49

301.49

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

A. COLE FOR CONGRESS

TOM COLE

State: OK District: 04

B. JEFF PAC

Candidate Name

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

2500.00

C. LOBO PAC

Candidate Name

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

1500.00

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

Full Name (Last, First, Middle Initial)

A. MARTIN HEINRICH FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Mailing Address P.O. BOX 25763

City	State	Zip Code
ALBUQUERQUE	NM	87125

Transaction ID : SB23.5696Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

MARTIN TREVOR HEINRICHCategory/
Type

1000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 00

Full Name (Last, First, Middle Initial)

B. MORAN FOR KANSAS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		30		2015

Mailing Address PO BOX 1151

City	State	Zip Code
HAYS	KS	67601

Transaction ID : SB23.5701Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

JERRY MORANCategory/
Type

5000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 00

Full Name (Last, First, Middle Initial)

C. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2015

Mailing Address 425 SECOND STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

Transaction ID : SB23.5694Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

A. TOM REED FOR CONGRESS

Date of Disbursement

Transaction ID : SB23.5705

Amount of Each Disbursement this Period

2500.00

THOMAS W II REED

Category/
Type

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

A diagram of a rectangular frame with four vertical supports. The frame is represented by a rectangle with a thick border. Inside the rectangle, there are four vertical lines, one in each quadrant, representing supports. The top and bottom horizontal lines are thicker than the side vertical lines.

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

16000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

NATIONAL INDIAN GAMING ASSOCIATION SOVEREIGNTY PAC

A. Seminole Tribe of Florida

Date of Disbursement



Transaction ID : SB28A.5706

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

7500.00

B.

Date of Disbursement

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

City	State	Zip Code
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Purpose of Disbursement	
1	2
3	4
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83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

7500.00

TOTAL This Period (last page this line number only).....

7500.00